Approved for use through 07/31/2006.

Under the Paperwork Reduction Act of	f 1995 no pers	ons are required to re				NRTMENT OF COMMERCE valid OMB control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known				
			Application Nun	nber	10/768,224		
			Filing Date		January 30, 2004		
For FY 2006		First Named Inv	ventor 2	Zimmerman et al.			
W			Examiner Name	9 1	Philippe Derakshani		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	- 1:	3754			
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Attorney Docke	t No.	3BT-PT007		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Credit any overpayments Credit any overpayments Credit any overpayments							
WARNING: Information on this form i	nay become pu	ıblic. Credit card inf	ormation should n	ot be incl	uded on this form. Prov	vide credit card	
information and authorization on PTC FEE CALCULATION (All the		aua daman 6:	lina as mais ba	auhiaai	. 40 - 0ohouse \		
			iling or may be	Subject	to a surcharge.)		
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	Small En	tity	Small Entity		Small Entity	· · · · · ·	
Application Type Fee Utility 30) <u>Fee (\$</u> 500		Fee (Fees Paid (\$)	
Design 20		• • • •	250		100		
Plant 200		100	50	130	65		
		300	150	160	80		
Reissue 300	. 150	500	250	600	300		
Provisional 20	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)							
Each claim over 20 (including Reissues)						25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims Total Claims Extra	Claima	Foo (\$) Foo	Paid (\$)		360	180 endent Claims	
Iotal Claims Extra	Claims v	Fee (\$) Fee	ρaiα (\$)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
— - = x = 0 HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							

SUBMITTED BY							
Signature	/Randolph J. Huis/	Registration No. (Attorney/Agent) 34,626	Telephone 215-568-6400				
Name (Print/Type)	Randolph J. Huis		Date October 4, 2006				

Other (e.g., late filing surcharge):

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.